



## RECORDS REQUEST FORM

(This form is a public record and will be retained for a period of one year from creation)



### Requestor Information

Please Print	Payment Information
First Name _____ MI _____ Last _____	<b>Select Payment Method:</b>
Company (if applicable) _____	Cash <input type="checkbox"/> Cashier's Check <input type="checkbox"/>
Mailing Address _____	Money Order <input type="checkbox"/>
City _____ State _____ Zip Code _____	<b>Fees:</b> Paper Copy \$ 1.00/page
Business Hours Telephone _____	Audio Tape \$10.00/tape
Preferred Delivery: Pick-Up <input type="checkbox"/> US Mail <input type="checkbox"/> On-Site Inspect <input type="checkbox"/>	Video Tape \$20.00/tape
<i>The applicant hereby acknowledges receipt of a copy of this form. The applicant hereby understands that there is a charge for copies of public records. The applicant understands that payment in full is required prior to reproduction if the estimated cost of the requested records is \$25.00 or more. The applicant understands that, if the requested records are not retrieved, he/she will be charged in full for a second reproduction. The applicant hereby certifies an understanding of these terms and agrees that advance payment will be forfeited if the requested records are not retrieved.</i>	Total Estimated Cost \$ _____
Signature _____ Date _____	<b>Delivery:</b> Delivery/postage fees additional depending upon delivery type.
	<b>Extras:</b> Extraordinary service fees dependent upon request.

### Records Requested

To Expedite Your Request, Be as Specific as Possible. Also, Please Include the Type of Medium Being Requested (Photocopies, Audio Tape or Video Tape)


### OFFICE USE ONLY

Tracking # _____	Finalized Cost
Received Date _____	
Completed Date _____	Total \$ _____
Total Pages _____	Deposit \$ _____
	Balance Due \$ _____
Documents Provided	Balance Paid \$ _____
_____	
_____	
_____	Custodian Signature _____
_____	
_____	Date _____